



CITY OF SANTA BARBARA
Dance Permit Application
NIGHTCLUB PERMIT
APPLICATION PACKET - CHECKLIST

APPLICANT:
Attach business card here,
if applicable.

NAME OF BUSINESS (dba): _____

Business Address: _____

Primary Contact: _____ **Phone:** _____

STEP 1 - Present the following documents at SBPD Annex, 222 E. Anapamu:

Completed and signed Application Packet forms:

Business Information

Business Plan

Owner Information

Authorization to Release

Manager-Supervisor Information

Security Plan

Noise Mitigation Plan

City Clearance forms, completed by each of the following agencies:

- Planning Division – Community Development Department
- Building and Safety – Community Development Department
- Fire Department
- Public Works Department

Additional Documents required:

Floor plan including detailed dance floor specifications

Copy of ABC license, if any

Copy of Business License tax certificate

Two passport-sized photos of business owner(s)

Payment of fees - \$1200 (CHECKS ONLY – No credit cards or cash)

Date Stamp (Rec'd):

Paid Stamp:

\$1200 - check paid to
Police Technician

☐ DOJ DELAY _____

DOJ Results

☐ Ownr 1 ☐ Ownr 2
☐ Ownr 3 ☐ Ownr 4
☐ Security ☐ Gen Mgr
☐ VDX ☐ GUS

Crime Stats Rec'd:

Premise Walkthrough:

F&P Commission Date:

STEP 2 – LIVESCAN appointment(s) at Police Department - All Owners, General Manager, and Security Manager are required to be Live-Scanned. The Police Technician will provide applicant with LiveScan forms.

On the date of the appointment, report to the main lobby of the Police Department at **215 E. Figueroa** a minimum of 10 minutes prior to appointment time. Bring the LIVESCAN form and payment receipt to appointment.

STEP 3 - Site visit by Police Dept. staff at a mutually agreed upon date/time.

STEP 4 - Public Noticing by Applicant

Posting on exterior of premise 14 days prior to mtg: Due _____ Posted: _____

Notices mailed 10 days prior to mtg to all properties within 200 feet of premise: Due _____ Posted: _____

STEP 5 - Fire and Police Commission Meeting. Permit issuance or denial will be determined at this meeting.



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TERMS OF APPLICATION

All pages within the application packet must be completed fully and truthfully. Applicant's signature on any page indicates, under possible penalty of perjury, that the information listed therein is complete and accurate as of the time the application is submitted to the Police Technician. Incomplete application packets will not be accepted. Failure to disclose all requested information may result in permit denial.

The permit application fee is non-refundable. You will not receive a refund of fees even in the event of the following circumstances:

- You are denied a permit;
- You withdraw your application; or
- You fail to complete the permit process.

Before submitting an application, you should be aware of the following subsection of Santa Barbara Municipal Code section 5.20.070:

C. GROUNDS FOR DENIAL OF A NIGHTCLUB DANCE PERMIT. The Board shall deny an application for a Nightclub Dance Permit only when it has evidence sufficient to make or one or more of the following findings for denial:

1. The applicant has made a false statement of material fact on the dance permit application or has omitted a material fact as part of the dance permit application.
2. The applicant or any person designated by the applicant to exercise on-site managerial control over the nightclub has been convicted of a crime substantially related to the qualifications, functions or required duties of a permittee within the past five years.
3. The operation of a nightclub at the proposed permit location will interfere with the peace and quiet of a substantial number of persons living in residential dwellings in the vicinity of the dance permit location such that it would deprive the occupants of such dwellings of the reasonable and use enjoyment of their residential property.
4. The building within which the nightclub will be located is inappropriate or unworkable for its intended nightclub use because it will be inadequate for some or all of the following reasons: a. it will not provide adequate noise control necessary to restrict the noise of the dance club to within the structure; b. it lacks the appropriate and necessary ingress and egress for entering or exiting the structure in terms of its occupancy limitations and the applicable fire code requirements.
5. The proposed plan for maintaining security at the nightclub is inadequate.

Applicant's signature below indicates applicant's complete understanding of the above information and terms of application.

Applicant Signature

Print Name

Date

Applicant Signature

Print Name

Date

Applicant Signature

Print Name

Date

Applicant Signature

Print Name

Date



CITY OF SANTA BARBARA

Dance Permit Application

BUSINESS INFORMATION

Business Name (dba):	
Business address:	Premise Phone:
Corporation or LLC name (if applicable):	
Contact Person's Name:	Contact Phone:
Mailing Address:	
Owner of Real Property:	Property Owner's Phone:
Property Owner's Mailing Address:	

Date opened:	Business hours:	ABC license type:
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Business Type: ☐ Sole Proprietor ☐ Partnership* ☐ Corporation* ☐ Limited Liability Co.*

* Please complete the information below for **all persons with any financial interest in the dance establishment**, including all partners, members, or stockholders (use a separate sheet if necessary).

Name:	Title:	Ownership percentage:
Permanent Address:		Phone:

Name:	Title:	Ownership percentage:
Permanent Address:		Phone:

Name:	Title:	Ownership percentage:
Permanent Address:		Phone:

Name:	Title:	Ownership percentage:
Permanent Address:		Phone:

Name:	Title:	Ownership percentage:
Permanent Address:		Phone:



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BUSINESS PLAN

Proposed days and hours of dancing:

Mon	Tues	Weds	Thurs	Fri	Sat	Sun

Maximum Occupancy per SB Fire Dept:

Expected age range of patrons:

Type(s) of music during dance hours:

Applicant's statement of business goals:

Applicant's strategy for achieving the above business goals:

Applicant Signature

Print Name

Date

Applicant Signature

Print Name

Date

Applicant Signature

Print Name

Date

Applicant Signature

Print Name

Date



CITY OF SANTA BARBARA

Dance Permit Application

OWNER INFORMATION

Each owner must complete a separate sheet.

Make copies as needed for multiple owners.

Office Use: (Photo)

Applicant Name:			
List A.K.A. (all "also known as" names):			
Residence Address:			
Mailing Address, if different:			
Contact Phone(s):		Social Security #:	
CA Driver's License:		Birth date:	
Place of Birth:		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of time in Santa Barbara:		Length of time in CA: yrs months	
Hair Color:	Eye color:	Height: ' "	Weight: lbs

Have you ever been convicted of a misdemeanor or felony?		<input type="checkbox"/> No <input type="checkbox"/> Yes – listed below
Offense:	Date:	Disposition:
Offense:	Date:	Disposition:
Offense:	Date:	Disposition:
Are you currently on:	Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes, thru _____	Parole? <input type="checkbox"/> No <input type="checkbox"/> Yes thru _____

List full addresses and dates for places of residence over the past 5 years, starting with most recent:

Address:		
City/State/Zip	From:	To:
Address:		
City/State/Zip	From:	To:
Address:		
City/State/Zip	From:	To:

List last five places of employment, starting with most recent:

1	Company Name:	From:	To:
	Address:	Phone:	
2	Company Name:	From:	To:
	Address:	Phone:	
3	Company Name:	From:	To:
	Address:	Phone:	
4	Company Name:	From:	To:
	Address:	Phone:	
5	Company Name:	From:	To:
	Address:	Phone:	

Applicant Signature: _____ Date: _____



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OWNER INFORMATION

Each owner must complete a separate sheet.

Make copies as needed for multiple owners

Office Use: (Photo)

Applicant Name:			
List A.K.A. (all "also known as" names):			
Residence Address:			
Mailing Address, if different:			
Contact Phone(s):		Social Security #:	
CA Driver's License:		Birth date:	
Place of Birth:		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of time in Santa Barbara:		Length of time in CA: yrs months	
Hair Color:	Eye color:	Height: ' "	Weight: lbs

Have you ever been convicted of a misdemeanor or felony?		<input type="checkbox"/> No <input type="checkbox"/> Yes – listed below
Offense:	Date:	Disposition:
Offense:	Date:	Disposition:
Offense:	Date:	Disposition:
Are you currently on:	Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes, thru _____	Parole? <input type="checkbox"/> No <input type="checkbox"/> Yes thru _____

List full addresses and dates for places of residence over the past 5 years, starting with most recent:

Address:		
City/State/Zip	From:	To:
Address:		
City/State/Zip	From:	To:
Address:		
City/State/Zip	From:	To:

List last five places of employment, starting with most recent:

1	Company Name:	From:	To:
	Address:	Phone:	
2	Company Name:	From:	To:
	Address:	Phone:	
3	Company Name:	From:	To:
	Address:	Phone:	
4	Company Name:	From:	To:
	Address:	Phone:	
5	Company Name:	From:	To:
	Address:	Phone:	

Applicant Signature: _____ Date: _____



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AUTHORIZATION TO RELEASE INFORMATION* to the City of Santa Barbara Police Department

This page must be signed by all owners.

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information deemed pertinent and necessary to the application process to the City of Santa Barbara Police Department and its agents.

I hereby release the City of Santa Barbara, individual employees involved in the application process, the organization, or others, from any liability or damage which may result from furnishing the information requested.

Owner Signature

Print Name

Date

Owner Signature

Print Name

Date

Owner Signature

Print Name

Date

Owner Signature

Print Name

Date

Owner Signature

Print Name

Date



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Dance Permit Application

MANAGER-SUPERVISOR INFORMATION

Applicant must list the names and contact phone numbers, including cell phones, of all persons designated as having day-to-day management and supervision authority over the proposed dance establishment. Applicant is responsible for keeping this information current with the Police Department at all times.

Each manager/supervisor must complete the arrest history information below his/her name.

Manager/Supervisor signature indicates that arrest history is complete and true.

Security Manager and General Manager are also required to be fingerprinted.

Security Manager:	Name:	Cell:
Has this person ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes – listed below		
Offense:	Date:	Disposition:
Offense:	Date:	Disposition:
Offense:	Date:	Disposition:
Is this person currently on:	Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes, thru _____	Parole? <input type="checkbox"/> No <input type="checkbox"/> Yes thru _____
Manager Signature:		Date
General Manager:	Name:	Cell:
Has this person ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes – listed below		
Offense:	Date:	Disposition:
Offense:	Date:	Disposition:
Offense:	Date:	Disposition:
Is this person currently on:	Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes, thru _____	Parole? <input type="checkbox"/> No <input type="checkbox"/> Yes thru _____
Manager Signature:		Date
Manager/Supervisor:	Name:	Cell:
Has this person ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes – listed below		
Offense:	Date:	Disposition:
Offense:	Date:	Disposition:
Offense:	Date:	Disposition:
Is this person currently on:	Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes, thru _____	Parole? <input type="checkbox"/> No <input type="checkbox"/> Yes thru _____
Manager Signature:		Date



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NOISE MITIGATION PLAN

Number of interior speakers:

Number of exterior speakers:

Was the sound system recently altered or upgraded? ☐ No ☐ Yes (complete the following):

Upgrade date:

Description of upgrade:

Please note in detail any doors and windows expected to be open during hours of dancing:

List any interior design and/or structural features that specifically address noise issues:

List the size and location of each patio or outdoor area:

Give a brief description of the establishment's plan to mitigate adverse noise issues:

Site plan (drawn to scale) indicating where all speakers, TV's, video monitors, audio and amplification equipment, disc jockey booth(s), and stage(s) are located. All exterior doors and windows should be depicted as well.



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SECURITY PLAN

Minimum number of security guards to be on premise during hours of dancing (maximum of 3 tiers):	#:	when:
	#:	when:
	#:	when:
Security Manager - name(s) and contact phone number(s)*:		
Name:		Phone:
Name:		Phone:
Description of Security Uniform/Clothing:		
Method of communication between security guards:		
Training requirements for security personnel:		Number of security cameras in use:
Security site plan (drawn to scale) indicating where security guards will be stationed (exterior and interior) during dance hours, and where security cameras, if any, are located:		

* Contact names and phone numbers must be kept current with the SBPD at all times. If any changes occur following issuance of the permit, the Police Technician must be notified immediately.



CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

Community Development Department
630 Garden Street

Building and Safety Division

Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m.
Monday through Friday, except holidays
Phone: 564-5485

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: Dance Permit - Nightclub

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Building and Safety Division approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: Residential _____

Business _____

Other _____

() New permit () Renewal of permit () New address for business () Existing address for business

Building Type: _____ Building Permit Required: _____

Certificate of Occupancy Required: _____ Occupancy Group: _____

To be completed by Community Development Department:

BUILDING OFFICIAL

☐

PERMIT USE APPROVED

☐

PERMIT USE NOT APPROVED

Signature

Date



CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

Community Development Department
630 Garden Street

Fire Department – Fire Inspection
Fire business hours are 1:00 p.m. to 2:00 p.m.
Monday through Friday, except holidays
Phone: 564-5485 for appointment

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: **Dance Permit - Nightclub**

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Fire Department approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: Residential _____

Business _____

Other _____

To be completed by Fire Department:

FIRE INSPECTION

☐

PERMIT USE APPROVED

☐

PERMIT USE NOT APPROVED

Signature _____

Date _____

APPROVED OCCUPANT LOAD(S):

COMMENTS: _____



CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

Community Development Department
630 Garden Street

Planning Division

Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m.
Monday through Friday, except holidays
Phone: 564-5470

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: Dance Permit - Nightclub

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Planning/Zoning Division approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: Residential _____

Business _____

Other _____

() New permit () Renewal of permit () New address for business () Existing address for business

Land Use Zone:

To be completed by Community Development Department:

ZONING OFFICIAL

☐

PERMIT USE APPROVED

☐

PERMIT USE NOT APPROVED

Signature

Date

COMMENTS:



CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

Community Development Department
630 Garden Street

Public Works Department
Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m.
Monday through Friday, except holidays
Phone: 564-5485

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: **Dance Permit - Nightclub**

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Building and Safety Division approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: Residential _____
Business _____
Other _____

() New permit () Renewal of permit () New address for business () Existing address for business

Building Type: _____ Building Permit Required: _____

Certificate of Occupancy Required: _____ Occupancy Group: _____

To be completed by Public Works Department:

PUBLIC WORKS OFFICIAL

☐

PERMIT USE APPROVED

☐

PERMIT USE NOT APPROVED

Signature

Date

COMMENTS:



CITY OF SANTA BARBARA

INSTRUCTIONS FOR DRAWINGS for submission to COMMUNITY DEVELOPMENT DEPARTMENT Building and Safety Division 630 Garden Street

1. Site Plan with the following information and drawn in 1/8 or 1/4 inch scale:

- a. Lot size.
- b. All structures with building dimensions.
- c. Show exits from subject structure and path of travel to the public way.
- d. Number of existing parking spaces.
- e. Indicate location and height of all walls and fences.
- f. Any bicycle parking locations that serve the proposed site.

2. Floor Plan with the following information and drawn in 1/8 or 1/4 inch scale:

(You may also use an existing architectural floor plan of the building.)

- a. Identify size in square feet and use of all rooms/areas.
- b. Calculate the occupant loads (using California Building Code) for egress and minimum plumbing fixture requirements.
- c. Provide location and type of existing and proposed exit signs and illumination.
- d. Bars and restaurants shall show the following information:
 1. Seating plan and indicate number of seats, tables, booths, and bars.
 2. Dimension of the dance floor. Dance floor must be labeled.
 3. Type of locking device on all exit doors.
 4. Swing of exit doors.

Any establishments with occupant loads in excess of 50 persons shall be equipped with internal or external illumination or self-luminous type exit signs.

Dancing is approved only in or upon areas, locations, or surfaces that are also approved for the occupant load.